



AFL SUPPLIER DATA FORM

*REQUIRED

I have completed the [AFL Supplier Code of Conduct survey](#) (signature required):

I have completed the [ESG Questionnaire](#) (signature required):

Company Information

Supplier Name:

Tax Payer ID:

DBA:

Currency Code:

Europe Form - Banking Reference (If Applicable):

Manufacturing Address of Goods/Services:

City, Town, or Locality:

State/Region:

Country:

Postal Code:

County/Province:

Ship From Address of Goods/Services (If Different From Mfg Address):

City, Town, or Locality:

State/Region:

Country:

Postal Code:

County/Province:

AR Remittance Address/Mailing Address:

City, Town, or Locality:

State/Region:

Country:

County/Province:

Postal Code:

Phone Number:

Contact Information

PO Order Placement Contact Name:

PO Order Placement Contact Phone Number:

PO Order Placement Contact Email:

Is your business certified MWDVBE? If so, please check the appropriate box and provide documentation.

Women Owned Minority Small Disadvantage Disabled Veteran N/A

Types of Goods/Services Provided to AFL: